INDIANA COMMISSION ON PROPRIETARY EDUCATION

Board of Commissioners Meeting Memorandum

Date: November 7, 2005

From: Rebecca Carter, Director of Regulatory Compliance

Subject: BROWN MACKIE COLLEGE – SOUTH BEND

NEW DEGREE APPLICATIONS

Staff Recommendation

The staff recommends that Brown Mackie College – Indianapolis be given the authority to award the Associate of Science degree in the following programs:

(AS) - Gerontology

(AS) - Health Care Administration

Background Information

The Accrediting Commission for Independent Colleges and Schools (ACICS) accredits Brown Mackie College – South Bend. This is the fourth Brown Mackie College campus that Education Management Corporation owns in Indiana.

Each program is comprised of 96-credit quarter hours of training; the courses of 50% in The faculty meets the minimum criteria for each program.

Supportive Documentation

- 1. Degree Application
- 2. Instructor Qualification Record forms

INDIANA COMMISSION ON PROPRIETARY EDUCATION DEGREE APPLICATION

Name of Institution_	Brown Mackie College – South Bend
Name of Program	Gerontology
Level of Degree (A	AS, AS, AA, BAS, BA, BS, MBA, MAS, MA, MS, Ph.D.) AS
Name of Person Pre	paring this Form <u>Jean A. Wisuri, Academic Affairs Specialist</u>
Date the Form was I	Prepared August 24, 2005

I. <u>PROGRAM OBJECTIVES</u>: Describe what the program is designed to achieve and explain how it is structured in order to accomplish the objectives.

Gerontology Program description:

The associate degree in Gerontology introduces the student to the biological, social, and psychological process of the aging process and how it impacts the health care industry. By simultaneously preparing the student with the technical knowledge and skills necessary to enter the administrative structure of the contemporary world of health care as it relates to an aging population, the student will be able to fill any of a variety of entry-level positions in a health care or social service setting that specializes in serving seniors. A graduate will be prepared for entry-level administrative positions in hospitals, clinics, health care insurance offices, home health care agencies, public health settings, and any other health care or health care related organization.

Gerontology Program degree objectives:

The program objectives of the Associate of Science in Gerontology are to:

- 1. Give the student an understanding of the unique facets of the bio/socio/psychological aspects of aging.
- 2. Allow the student to be introduced to the aspects of residential and long-term care.
- 3. Provide the student an overview of the law as it relates to the aging population.
- 4. Introduce the student to the ethics that face the medical industry.
- 5. Teach the student how to manage health care information.
- 6. Enable the student to communicate effectively and therapeutically with clients, co-workers, visitors and other individuals they will interact within a health care setting.

II. PROGRAM STRUCTURE: List all courses in the program. Indicate course name, number, and number of credit hours or clock hours for each course. NAME OF PROGRAM: ____Gerontology TOTAL CREDIT HOURS: 96 Designate: QUARTER HOURS: 96 or LENGTH OF PROGRAM: <u>24 MONTHS</u> TUITION: <u>\$17,184.00</u> **SPECIALTY COURSES:** Course Course Credit Clock Number Title Hours Hours **CM2500 MEDICAL ETHICS** 48 **GR1000 INTRODUCTION TO RESIDENTIAL AND LONG TERM CARE** 48 **GR1140 ELDER LAW** 48 **GR1250 SOCIAL ASPECTS OF AGING** 48 **GR1361 BIOLOGY OF AGING** 48 **GR1250 SOCIAL ASPECTS OF AGING** 48 GR2900 ADMINISTRATION IN GERONTOLOGY EXTERNSHIP 120 HC1000 INTRODUCTION TO HEALTH CARE SERVICES 48 HC1400 MANAGING HEALTH CARE INFORMATION 50 **ME1110 MEDICAL TERMINOLOGY** 48 ME1215 PROFESSIONALISM AND COMMUNICATION IN A **HEALTH CARE SETTING** 48 ME1500 MEDICAL ADMINISTRATIVE PRACTICES 50 **GENERAL EDUCATION / LIBERAL ARTS COURSES:** CF1100 *PROFESSIONAL DEVELOPMENT 48 CM1200 *EFFECTIVE PUBLIC SPEAKING 48 EN1101 *COMPOSITION I 48 EN1103 *COMPOSITION II 48 **EN1200 *BUSINESS COMMUNICATIONS** 48 **EN2000 *INTRODUCTION TO LITERATURE** 48 MC1150 *INTRODUCTION TO MICROCOMPUTER APPLICATIONS 4 50 **MC1211 SPREADSHEETS I** 50 MC1311 WORD PROCESSING I 50 MC1700 PROFESSIONAL PRESENTATION TECHNIQUES 50 PS1200 *PRINCIPLES OF PSYCHOLOGY

48

48

SO1200 *PRINCIPLES OF SOCIOLOGY

^{*}Indicates a liberal arts course

Number of Credit/Clock firs. in Spec	laity C	ourses. <u>40</u> /		ercentage.		_
Number of Credit/Clock Hrs. in Gene	eral Co	urses: <u>12 /</u>		Percentage:	<u> 15%</u>	
If applicable: Number of Credit/Clock Hrs. in Liber	ral Arts	Courses: <u>3</u>	<u>6</u> /_	_ Percentag	e: <u>35%</u>	<u>⁄</u> 6
III. FACULTY: Attach completed Ins ** Include all supporting documentation						
Total # of Faculty in the Program:	10	Full-time:	5	Part-time:	5	

Fill out form below: (PLEASE LIST NAMES IN ALPHABETICAL ORDER.)

Till out form below: 1	I LEAGE LIGHT	AMEO IN MET TIME				
List Faculty Names	Degree or Diploma Earned	# of Years of Working Experience in the Specialty	# of Years Teaching at Your School	# at Other	Full- time	Part- time
Richard Comden	BS, MS, A+ certification, MCP	5	5	0	X	
Arthea Estridge	BA, MS	9	9	0	X	
Michaela Meagher	BA, MS	11	3	8	Х	
Paula Mitchell	AAS, CMA	14	1	0	Х	
Linda Sayre	BS, MS	35	20	10	Х	
Lisa Gay	BSN	6	6 mos	0		Х
Paula Moreland	AAS	6	5 mos	0		Х
Deb Paul	AAS, CMA	19	7	0		х
Stephanie Scharf	BS, MSW	25	1	0		х
Sheila Smith	D.Ed	20	3	13		Х

IV. <u>LIBRARY</u>: Please provide information pertaining to the library located in your institution.

1. Location of library; Hours of student access; Part-time, full-time librarian/staff:

The library is centrally located on the first floor. A full-time librarian works a split shift to accommodate day and evening student needs. The library hours are:

Monday, Tuesday and Friday: 8am-1pm; 4pm-8pm

Wednesday: 8am-1pm Friday: 8am-1pm; 2pm-5pm

2. Number of volumes of professional material:

Brown Mackie College-South Bend's library houses 1,874 volumes with 195 professional titles and 192 videos for check-out by students.

3. Number of professional periodicals subscribed to:

The library offers 51 different periodicals and 3 newspapers. Brown Mackie College-South Bend also offers Inspire for online periodicals and journals.

4. Other library facilities in close geographical proximity for student access:

Brown Mackie College-South Bend students have access to the following local libraries: St. Joseph County Library; Notre Dame Library; Indiana State University at South Bend and interlibrary loan through the Indiana Cooperative Library Services Authority (INCOLSA) which gives students access to libraries across the state of Indiana.

If you have any questions pertaining to the required standards for degree granting approval, please refer to 570 IAC 10.

Doc.: degreapp

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (I.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Ca	Lisa	A -
NAME OF INSTITUTION:	brown-Mackie - S	(eibbilm)
Specific Courses that You To	each in Program: CPR KEN	ewal training

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
St. Jo. Hosp.	LaPaz Fire Dept	CPR	have taught for 5-6 yrs
E 3	St. Joseph Regi	Med Ctr-Plymonth	tought for
Memorial Hosp.	So bend IN	med Ctr-plymouth outance device renewal trainings	8413,
sether ge	The state of the s	DUISING ADD	97-99
College	William Control	Dursing BSD	99
Applicable Experience	Location	Exact Nature of Exercises	MANAMANANANANANANANANANANANANANANANANAN
St. Joseph Reg. N	red Ctr. Plymou	Exact Nature of Experience deliveries & care the Obnoise	Employment > Period 3/3 From: To:
The second specific control and the second specific control an	The same of the sa	こいことなどだい へいてくみ し	· · · · · · · · · · · · · · · · · · ·
illied III	Kare Phymouth	- montal beattle de	اده
THEO PHYSICIANS	817 Cedar St. St.	Road Shill and	. 0
mer collège Di	rsing Advisory	Board - member	LIYO.
	The state of the s		The state of the s

The correct of the correct	to the best of my	/ knowledge,
france - Liene		1/10/05
SIGNATURE OF INSTRUCTOR	Phinamana (44 St. Married St.	DATE

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless <u>all supportive documentation</u> required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Meacher	MICHAELA	\mathcal{M}
(Last)	(First)	(Middle)
NAME OF INSTITUTION:	MICHIANA College	Brown Machie- V. Bend
	Teach in Program: <u>Speech</u>	

Source of Training/Education	Location -	Area or Subject of Training/Education	Period of Attendance From: To:
Nazaroth College	Rochester MY	Theatre	37 89
Indian University	South Rend	Theatre	89
11	Bloomination		90-92
()	South Bend	/Envation	97-02
		<i>-</i> /.	
///////////////////////////////////////	111111111111111111111111111111111111111	111111111111111111111111111111111111111	
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Teacher	Elkhart Comm Schol	Emish or Second Can	94-98
Teacher	St. Thomas	English/Earth Seine	98-2000
Teacher	PENNHAM Mouse	English	01-02
		J	•

I certify that the above information is correct to the best of my knowledge.			
Michael MMI	9/09/02		
SIGNATURE OF INSTRUCTOR	DATE		

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: VItchell	Paula	S.
(Last)	(First)	(Middle)
NAME OF INSTITUTION: _	Brown Mackin College	
Specific Courses that You Teach in Program:		

Source of Training/Education	Location -	Area or Subject of Training/Education	Period of Attendance From: To:
HAS IN APPLIED SCIENCE IN Medical ASSIST	Ivy Tech State College, S.B. IN.	Medical AssistiNG	1999 - 2002
Certification for CNA		Medical Assist Cert.	2002
Basic Life Support/	South Bend	CPR/Basic life Support	2002/2004
Indiana Dept Health Tuberculosis alucution	South Bend	Mantoux hiberudin skin ks	fin. 3/20/02
///////////////////////////////////////	111111111111111111111111111111111111111		
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Michiana Pediatrics	South Bend Clinic	Triaged Phone calls Assisted in lab/ Drs	5/01 5/02
Dr. Rzeszutko	South Bend Clinic	Assist w/ pt. care . Ven punching ekq, injections	5/02 12/03
Gashen Health Dr. Shelly Meb Gunde	Goshen Health LUP Syskms	Drug Assist Program, Pt. Care, Van Juncture, lkg, 1798	J. 12/3 3/04
77			•

I certify that the above information is correct to the best of my knowledge.		
Jaula Conitelell	11-23-04	
SIGNATURE OF INSTRUCTOR	DATE	

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

Fortioning		. 4 ay a	
NAME: MORELAND (Last)	PAULA	\mathcal{A} .	÷
• ,	(First)	(Middle)	
Specific Courses that Y	MACKIE CO	11262 - Sou 77+ BEND, 1	W
Specific Courses that You Teach	n in Program: <u>MAP</u>	OGEAM	•

Location -	Area or Subject of Training/Education	Period of Attendance From: To:
DOWAGIAC MI	ASSOC. DEGREE	1989 - 1991
Location SONTH BEND, IN	Exact Nature of Experience	Employment Period
SOUTH BEND IN	STAFF EN	From: To(3) 3
NILES UI	STAFFRU, SUFERVISOR, EDWEAFION	1/992 - 10/1999
		·
	DOWAGIAC MI DOWAGIAC MI Location SONTH BEND, IN SONTH-BEND IN NILES MI	Training/Education DOWAGIAC MI ASSOC. DEGREE MIMINIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMIMI

I certify that the above info Paula Associations SIGNATURE OF INSTRUCT	VIII 1 1 X X	ct to the best of	2/25/05
			DATE

INSTRUCTOR'S QUALIFICATION RECORD

Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless <u>all supportive documentation</u> required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Paul	Debra	J.
(Last)	(First)	(Middle)
NAME OF INSTITUTION:	Brown Machie Michiana College Sout	th Bend
Specific Courses that Yo		All Core Curriculum Courses in Medical
Assisting		

Location	Area or Subject of	Pe	riod of
	Training/Education	Atte	endance
		From:	To:
South Bend, IN	Business Management	8/2002 to	Current
South Bend, IN	Associates of Applied Science in Medical Assisting	8/18/01 to	8/20/02
South Bend, IN	Technical Certificate in	5/86	8/87
	Medical Assisting		
Location	Exact Nature of	Employment	
	Experience	F	Period
		From:	To:
720 E. Cedar St. South Bend, IN	Back office and front office duties	8/86	12/88
2505 E. Jefferson South Bend, IN	Front and back office duties	2/90	10/95
707 E. Cedar South Bend, IN	Front office duties	12/95	10/97
314 W. Catalpa	Back office duties	10/97	3/99
Mishawaka, IN			
	South Bend, IN South Bend, IN South Bend, IN ///////////////////////////////////	South Bend, IN Technical Certificate in Medical Assisting Fract Nature of Experience Tage 1	Training/Education Atterprise From: South Bend, IN Business Management 8/2002 to 8/18/01 to Science in Medical Assisting South Bend, IN Technical Certificate in Medical Assisting ///////////////////////////////////

I certify that the above information is correct to the best of my knowledge.			
_ Jehra A Tank	6/5/03		
SIGNATURE OF INSTRUCTOR	DATE		

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

Brown Machie	(Middle)
Michiana College - South Bend	
Teach in Program: Word Processing I, II & Written Communications	Concepts,
	(First) Brown (Nach): Michiana College - South Bend I Teach in Program: Word Processing I, II & Written Communications Business Org. & Mamt., Positive Skills

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Pittsburg State Univ	Pittsburg, KS	MA in Business Ed.	1968
Pittsburg State Univ.	Pittsburg, KS	BS in Business Ed.	1963 - 1967
	,		
//////////////////////////////////////	//////////////////////////////////////	//////////////////////////////////////	//////////////////////////////////////
Pittsburg State Univ.	Pittsburg, KS	Instructor	1976
Southeast High School	Cherokee, KS	Business Instructor	1968-71

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF INSTRUCTOR

)//6/9C DATE

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless <u>all supportive documentation</u> required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Scharf	Stephanie (First)	Jane
(Last)	¹ (First)	(Middle)
NAME OF INSTITUTION:	nichrana Colleg-	<u></u>
	ach in Program: <u>PSY CM</u>	

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
B.S Illinois	Urbana Champaign	Psychology	72 76
MSW. Tillingis	Chicago	Social Work	78 80
	V		
111111111111111111111111111111111111111	1//////////////////////////////////////		
Applicable Experience	Location	Exact Nature of Experience Social Work, Case	Employment
State of Illinois	Chicagosc	management t	Period From: をひてo: 名S
Plannel Parnthiod	South Bend IN	Education, social work	99-04
Planned Parnthood Madson Center Sex Abuse Revention	Madson Center	Provention Education	92-current

I certify that the above information is correct t	o the best of my knowledge.	f
Stepheno / Wey	08-02	04
SIGNATURE OF INSTRUCTOR	DATE	, , , , , , ,

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless <u>all supportive documentation</u> required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Smi+H S	HEILA	ANN	
(Last) Brown	stynachie -	(Middle) South Bernd	
NAME OF INSTITUTION: ALAA	A College		
Specific Courses that You Teach in Program:	PRINCIPLES	OF Psyc	hdogy

Source of Training/Education	Location -	Area or Subject of Training/Education	Period of Attendance From: To:
GEORGIA STATE DUIV	ATLANTA, CA	Courseling	1975-1976
Michigan UNIV	KALAMAZOO, MI	Counseling	1983-1989
		/	
	111111111111111111111111111111111111111		
Applicable Experience	Location	Exact Nature of Experience	Employment Period From://99To:2000
CLINICAL	yaskington At	THERAPIST - WORKING WITH MENTALLY	
ASSISTANT PROTESSA	-MARCHESTER College IIV	TAUGHT INTRO [III	_
		Psy, Addescent Psy	
ASSISTANT PROTESSAL OF Psychology	IUSB SO. BEND, DW.	HAUGHT ED PSY	FAU,2001
JORDAN College	Berron HARbor	TAUGHT: INTLE to Psy DEU Psy, ABNORMAL	1985-1995

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF INSTRUCTOR

3-1-02

DATE

INDIANA COMMISSION ON PROPRIETARY EDUCATION DEGREE APPLICATION

Name of Institution	Brown Mackie College – South Bend
Name of Program <u>Hea</u>	alth Care Administration
Level of Degree (AAS,	AS, AA, BAS, BA, BS, MBA, MAS, MA, MS, Ph.D.) AS
Name of Person Prepa	ring this Form_ <u>Jean A. Wisuri, Academic Affairs Specialist</u>
Date the Form was Pre	epared August 24, 20 <u>05</u>

I. <u>PROGRAM OBJECTIVES</u>: Describe what the program is designed to achieve and explain how it is structured in order to accomplish the objectives.

Health Care Administration program description:

This program prepares the student to understand all the components that are essential to providing management and organizational support in the health care industry. A student will be exposed to various health care systems and will learn multiple aspects of health care administration while simultaneously be trained in the clinical aspects of providing health care to the general population. A graduate will be prepared for entry level administrative positions in hospitals, clinics, health care insurance offices, home health care agencies, public health settings, and any other health care related organization.

Health Care Administration degree objectives:

The program objectives of the Associate of Science in Health Care Administration are to:

- 1. Introduce students to the continuum of health care services.
- 2. Give students the basics of human disease and how those diseases impact the structure of health care.
- 3. Enable the student to understand the financial management of health care and to interpret and present financial data in an administrative setting.
- 4. Help the student understand and perform basic medical coding procedures.
- 5. Introduce the student to the ethics that face the medical industry.
- 6. Teach the student how to manage health care information.
- 7. Enable the student to communicate effectively and therapeutically with clients, co-workers, visitors and other individuals they will interact with in a health care setting.

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INDIANA COMMISSION ON PROPRIETARY EDUCATION

II. <u>PROGRAM</u> number, and	STRUCTURE number of cre	: List all courses in the pro edit hours or clock hours fo	gram. Indicat r each course.	e course nam	e ,
NAME OF PR	OGRAM:	Health Care Administration			
TOTAL CRED SEMESTER H		96 Designate: QU /TOTAL CLOCK HOURS: _		S: <u>96</u> or (if applicable)	
LENGTH OF I	PROGRAM: _	24 MONTHS	TUITION:	\$17,184.00	
SPECIALTY C	COURSES:		·		
Course	Course			Credit	Clock
Number	Title	-	, a	Hours	Hours
CM2500	Medical Ethics			4	48
HC1000		Health Care Services		4	48
HC1361	Human Diseases	the state of the s	•	4	48
HC1400		h Care Information		4	50
HC 2900		ninistration Externship		4	120
ME1110	Medical Termin			4	48
MC1400	Database Applic	. .		4	50
ME1215		& Communications in a Health Ca	re		
***	Setting			4	48
ME1500	~	strative Practices		4	50
ME1560		Diagnostic Coding		4	48
MT1650	Medical Math as	_		4	50
PH1301	Pharmacy I		•	4	50
GENERAL EI	DUCATION / L	BERAL ARTS COURSES:		·	
CF1100	*Professional De	evelopment		4	48
CM1200	*Effective Public			4	48
EN1101	*Composition I			4	48
EN1102	*Composition II	•		4	48
EN1200	*Business Comn	nunications		4	48
EN2000	*Introduction to	Literature		4	48
MC1150	*Introduction to	Microcomputer Applications		4	50
MC1211	Spreadsheets I	•	•	4	50
MC1311	Word Processing	gI		4	50
MC1700	Professional Pre	sentation Techniques		4	50
PS1200	*Principles of Ps	sychology		4	48
SO1200	*Principles of So	ociology		4	48
*Indicates a liber	ral arts course	•		·	•
Number of C	redit/Clock Hr	s. in Specialty Courses:	<u>48 /</u> Perce	ntage: <u>50%</u>	
Number of C	redit/Clock Hr	s. in General Courses: <u>12</u>	<u>/</u> Percen	tage: <u>15%</u>	
lf applicable: Number of C		s. in Liberal Arts Courses:	<u>36</u> /Per	centage: <u>35</u>	<u>%</u>

III. <u>FACULTY</u>: Attach completed Instructor's Qualification Record for each instructor.

** Include <u>all supporting documentation</u> pertaining to the qualifications of each instructor.

Fill out form below: (PLEASE LIST NAMES IN <u>ALPHABETICAL</u> ORDER.)

List Faculty Names	Degree or Diploma Earned	# of Years of Working Experience in the Specialty	# of Years Teaching at Your School	# at Other	Full- time	Part- time
Richard Comden	BS, MS, A+ certificati on, MCP	5	5	0	x	
Arthea Estridge	BA, MS	9	9	0	Х	,
Michaela Meagher	BA, MS	11	3	8	X	
Paula Mitchell	AAS, CMA	14	1	0	Х	
Linda Sayre	BS, MS	35	20	10	Х	
Lisa Gay	BSN	6	6 mos	0		x
Paula Moreland	AAS, RN	6	5 mos	0		х
Deb Paul	BS, AAS, CMA	19	7	0		х
Stephanie Scharf	BS, MSW	25	1	0		X
Sheila Smith	D.Ed	20	3	13		X

IV. <u>LIBRARY</u>: Please provide information pertaining to the library located in your institution.

1. Location of library; Hours of student access; Part-time, full-time librarian/staff:

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NAME: <u>Comden</u>	Richard	Charles			
(Last)	(First)	(Middle)			
NAME OF INSTITUTION:	Michiana College				
Specific Courses that You Teach in Program: Introduction to Keyboarding &					
Computer Applications; Word Processing I; Word Processing II; Computer					
Research and Writing; F	C Communications				

Location	Area or Subject of	Period of	
	Training/Education	Atte	ndance
		From:	To:
IKON South Bend	Microsoft Certification	4/2000	9/2000
IKON South Bend	Computer Hardware Certification	3/2000	4/2000
IUSB	Public and Environmental Affairs	1996	2000
Grace College	Psychology	1985	19897
		///////////////////////////////////////	
Location	Exact Nature of Experience	Employment Period	
		From:	To:
Michiana College	Instructed Computer classes & services lab computers	12/2000	present
Notre Dame	Contracted to install and configure student computers	10/2000 2 contract	week
	IKON South Bend IKON South Bend IUSB Grace College //////////////////////////////////	IKON South Bend IKON South Bend IKON South Bend IUSB Computer Hardware Certification Public and Environmental Affairs Grace College Psychology IMMINISH Exact Nature of Experience Michiana College Instructed Computer classes & services lab computers Notre Dame Contracted to install and configure student	IKON South Bend Microsoft Certification 4/2000 IKON South Bend Computer Hardware Certification Public and Environmental Affairs Grace College Psychology 1985 ///////////////////////////////////

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF INSTRUCTOR

1-36-62

DAIE

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include all training/education applicable to current teaching assignments. This form will not be processed unless all supportive documentation required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

(Middle)

1997

NAME OF INSTITUTION:	Michiana	College	
Specific Courses that You	u Teach in Program: $\underline{\mathcal{C}}$	emposition TIT, Fur	ndamentals of English
Source of Training/Education	Location -	Area or Subject of Training/Education	Period of . Attendance From: To:
Indiana University Bloomington, In.	Bloomington, IN	English	1970 1974 Summer) (august)
Indiana University	South Bend, IN	Teaching Centification	
Indiana University	South Bend, IN	MA Secondary Education	
		·	
Applicable Experience	Location	Exact Nature of Experience	Employment Period
Andrea late to the	-Tadaga / Lalana		From: To:
uriting lab tutor	Indiana University South Bend	Writing assistance.	Volunteer initially paid Employee Fall 1992
reaching Assistant	South Bend Comminity	ASSISTED Nandicapped	DOCAMBER SEPTEMBLE
Hudent Teacher	Jackson M.S. South Bend IN	Students w/ Reading, Math Sox Taught reading to 6 + 844 "Students.	2/ 1991 - 199/
Student Teacher	EIKMANT COMMUNITY	Exated implemented lessons in high school Englis	Spring 1993
Goshe To	Indiana	Created & implemented	Jan April

I certify that the above information is correct to the best of my knowledge.

INSTRUCTOR'S QUALIFICATION RECORD

Instructions: Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless <u>all supportive documentation</u> required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Meagher	MICHAELA	\mathcal{M}_{\perp}
(Last)	(First)	(Middle)
NAME OF INSTITUTION: _	MICHIANIA College	
Specific Courses that You	\sim \sim \sim	

Source of Training/Education	Location -	Area or Subject of Training/Education	Period of Attendance From: To:	
Nozareth College	Rochester, MY	Theatre	37 ×9	
Indian University	South Rend	Theatra	89	
11	Bloomington	11	90-92	
()	South Rend	Esuation	97-02	
	,	<i></i>		
	1/1/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	111111111111111111111111111111111111111		
Applicable Experience	Location	Exact Nature of Experience	Employment Period	
			From: To:	
Teacher	Elkhart Comm Schol	Emplohas Secret Con	94-98	
Teacher	St. Thomas	English/Earth Econo	/ A - 3	
Teacher	Pennthry Mouse	English	01-02	
		J	•	

I certify that the above information is correct to the bes	t of my knowledge.
	0//
Michael MM	7/09/02
SIGNATURE OF INSTRUCTOR	DATE

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NAME: VItchell	Paula	S.
(Last)	(First)	(Middle)
NAME OF INSTITUTION: _	Brown Mackie College	
Specific Courses that You	Teach in Program:	·
•		

Source of Training/Education	Location -	Area or Subject of Training/Education		od of dance To:
HAS IN APPHED SCIENCE IN Medical Assist	IVY Tech State College, S.B. IN.	Medical Assisting	1999 -	- 2002
Certification by CNA	l - ' '	Modical Assist-Cert.	200	ュ
Basic Life Support/	South Bend	CPR/Basic life Suppor	200	2/2004
INGIANA DEPT HEALTH TUBERCULOSIS RELICUTION	South Bend	Mantoux huberedin skin ks	}	20/02
		·		
11/1/11/11/11/11/11/11/11/11/11/11/11	1//////////////////////////////////////			
Applicable Experience	Location	Exact Nature of Experience		yment riod
			From:	To:
Michiana Pediatrics	South Berd Clinic	Assisted in lab/ Drs.	5/01	5/02
Dr. Rzeszutko	South Bend Clinic	Assist w/ pt. care . Venpuncture ekq, injections	902	12/03
Goshen Health Dr. Shelly/Deb Gunde	Goshen Health LUP Systems	Drug Assist Program. Pt. Care, Van Junchure, ekg, 1988	1. 12/03	3/04
1/				•
	,			

I certify that the above information is correct to the best of my knowledge.			
Jaula Contabell	11-23-04		
SIGNATURE OF INSTRUCTOR	DATE		

INSTRUCTOR'S QUALIFICATION RECORD

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NAME: Sayre, Lin (Last)	(First)	(Middle)
NAME OF INSTITUTION:	Michiana College - South Bend	
- Specific Courses that Yo	u Teach in Program:Word Processing	Concepts,
Keyboarding, English	I, II & Written Communications	
watersiewel Development	Business Org. & Mamt., Positive Skills	4

Source of Training/Education	Location	Area or Subject of Training/Education	Period of Attendance From: To:
Pittsburg State Univ	Pittsburg, KS	MA in Business Ed.	1968
ittsburg State Univ.	Pittsburg, KS	BS in Business Ed.	1963 - 1967
·	,		
			///////////////////////////////////////
Applicable Experience	Location	Exact Nature of Experience	Employment Period From: To:
Pittsburg State Univ.	Pittsburg, KS	Instructor	1976
Southeast High School	Cherokee, KS	Business Instructor	1968-71
		·	

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF INSTRUCTOR

)/6/9(DATE

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NAME: Gay (Last)	Li Sa (First)	(Middle)
	Brown-Mackie	
Specific Courses that Yo	u Teach in Program: <u>CPR, rene</u> E.M.T. S	wal training

	-	Area or Subject of Training/Education	Period of Attendance From: To:
St. Jo. Hosp.	LaPaz Fire Depl	CPR	have taught
u u u	St. Joseph Reg	med Ctr-Plymouth bulance service renewal training	tor 5-6 yrs
Memorial Hosp.	So, bend IN	bulance service renewed training	8415,
			HOV EIN I S
111111111111111111111111111111111111111			
Applicable Franci	100000000000000000000000000000000000000	111111111111111111111111111111111111111	
Applicable Experience	Location	Exact Nature of Experience	Employment
t. Joseph Reg. N	hed atr. Plymou	Exact Nature of Experience deliveries & care of infant	S Period 3/2
	in a co		From: To:
	 	Surgery nurse	lomos,
chavioral Health	Care Plymouth	mental health t	ech lyr.
hed Physicians	817 Cedar St. St	Road Staff and	2 8mos.
thel College N	orsing Advisory	Board - member	41 400
,			

Cortific About the state of the			
I certify that the above information is corr	ect to the best of m	ny knowledge.	
SIGNATURE OF INSTRUCTOR	- <i>:</i>	1/6/05	
THE STATE OF THE S		DATE	

INSTRUCTOR'S QUALIFICATION RECORD

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1, -, , , ,	214 <i>)</i>		
NAME: MORELA	WB D	ALLA	A.
(Last)	(First)		Middle)
NAME OF INSTITUTION	: _ BROWN MA	CKIE COLLEGE -	South BEND, IN
Specific Courses that Y	ou Teach in Program:	MA PROGRAM	- DECE, IN
Source of Training/Education	Location -	Area or Subject of Training/Education	Period of Attendance
ema	DOWN INTE		From: To:

Source of Training/Education	Location -	Area or Subject of Training/Education	Period of Attendance From: To:
SMC	DOWAGIAC MI	ASSOC. DEGREE	1989 - 1991
			:
Applicable Experience MEMORIAL POSP.	SOUTH BEND, IN	Exact Nature of Experience TRIAGE RN, Home Us.	Employment Period
T. JOSEPH REG. ME	SOUTH-BEND IN	STAFF EN	From: To(3)3
GRELAND REG. MED CTR	NILES UI	STAFF RU, SUPERVISOR, EDMENTION	1/992 - 10/1999
			:

certify that the above information is something	_
I certify that the above information is correct to the	ne best of my knowledge.
- Face Americand	
SIGNATURE OF INSTRUCTOR	2/25/05
THE OF MATRICION	DATE

INSTRUCTOR'S QUALIFICATION RECORD

Include <u>all</u> training/education applicable to current teaching assignments. This form will not be processed unless <u>all supportive documentation</u> required for review has been attached with this form (i.e., transcripts, copies of training certificates and letters identifying the precise nature of previous work and teaching experience, signed by a former direct supervisor.)

NAME: Paul	Debra	J.
(Last)	(First)	(Middle)
NAME OF INSTITUTION:	Michiana College Sou	h Bend
Specific Courses that You Teach in Program: All Core Curriculum Courses in Medical		
Assistina		

Source of	Location	Area or Subject of	Pe	riod of
Training/Education		Training/Education	Atte	endance
			From:	То:
Trì-State University	South Bend, IN	Business Management	8/2002 to	Current
l lvy Tech State College	South Bend, IN	Associates of Applied Science in Medical Assisting	8/18/01 to	8/20/02
lvy Tech State College	South Bend, IN	Technical Certificate in	5/86	8/87
		Medical Assisting		
			///////////////////////////////////////	
Applicable Experience	Location	Exact Nature of	Employment	
		Experience	P	eriod
			From:	To:
Internal Medicine Associates	720 E. Cedar St. South Bend, IN	Back office and front office duties	8/86	12/88
Michael J. O'Connel, D.V.	2505 E. Jefferson South Bend, IN	Front and back office duties	2/90	10/95
Pavilion Family Medicine	707 E. Cedar South Bend, IN	Front office duties	12/95	10/97
Cambridge Family	314 W. Catalpa	Back office duties	10/97	3/99
Medicine	Mishawaka, IN			

I certify that the above information is correct to the best	of my knowledge.
Debra A Paul	6/5/03
SIGNATURE OF INSTRUCTOR	DATE

INSTRUCTOR'S QUALIFICATION RECORD

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NAME: Scharf	Stephanie (First)	· Jane
(Last)	(First)	(Middle)
NAME OF INSTITUTION:	Michrana Colleg-	e
Specific Courses that You	Teach in Program: <u>Psy o M</u>	oligy, Sveinlingy

Source of Training/Education	Location -	Area or Subject of Training/Education	Period of Attendance From: To:
B.S Illinois	Urbana Champaign	Psychology	72 76
M.SW. Illinois	Chicago	Social Work	78 80
	V		
///////////////////////////////////////	111111111111111111111111111111111111111	111111111111111111111111111111111111111	111111111111111111111111111111111111111
Applicable Experience	Location	Social Work, case	Employment
State of Illinois	Chicagase	management	Period From: るひてo: 名
Planned Parnthood	South Bend IN	Education, Social work	99-04
Planned Pannthood Madson Center Sex Abuse Perentica	Madson Center	Provention Education	92-coment
			•

I certify that the above information is correct to the best of my knowledge.			
Stepheno / They	0	8-02-06	
SIGNATURE OF INSTRUCTOR	DATE		

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Tomas ander Supervisor.			
NAME: Smi+1	$\frac{1}{5H_0}$	EILA Mic	4 NN Idle)
NAME OF INSTITUTION:	•	College	
Specific Courses that You	Teach in Program:	PRINCIPLES OF	= Psycholog
		-	· · · · · · · · · · · · · · · · · · ·
Source of Training/Education	Location -	Area or Subject of Training/Education	Period of . Attendance From: To:
GEORGIA STATE DUIL	ATLHATA, CA	COUNTELING	1975-1976
Wester Wil	KALAMAZOO, MI	Counseling	1983-1989
•	i ·	·	3

	111111111111111111111111111111111111111		
Applicable Experience	Location	Exact Nature of Experience	Employment
	,		Period
			From:/999To:2000
THERAPIST CLINICAL	Unskirger At	THERAPIST-	
Chinical	So. Bend, IN	WORKING with MENTALLY	
D.	-MARCHESTER	TAUGHT INTRO [II]	
ASSISTANT ROTUSSA	College, IN	TO PSY, DEU PSY, ABRORMA	1000-2001
OF Kendalas	•	I PSU BANDSOELT D.	
ACCUTANT PROJECT	7, 60	1 1 1 1 1 1	
ASSISTANT PROTESSAL OF PSYCHOLOGY JORDAN College	LUSB TAN	HAUGHT ED PSY	TAU,2001
7	Reading HARING	THUGHT: INTED to PSY	
JORDAN College	mich	DEU PSY, ABAVEMAL	1985-1995
		1 1 1480 1 1 7 1 7 1 1 7 1 1 7 1 1 1 1 1 1 1 1	

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF INSTRUCTOR

3-1-02